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APPLICANTS									
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** CONTINUING	DATA	· ************************************	· 51	Note					
** FOREIGN APF	'LICA [.]	TIONS *************	·*** <i>5</i> i	d Note	-				
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Foreign Priority claimed 35 USC 119 (a-d) cond		yes no Met afte		STATE OR	SHEETS	з тот	ΓAL	INDEPENDENT	
Allowance/				COUNTRY CT	DRAWING 3	G CLAI		CLAIMS 1	
ADDRESS 32692 3M INNOVATIVE PO BOX 33427 ST. PAUL, MN 55133-3427	PRO	PERTIES COMPANY							
TITLE METHOD OF GR	ROUPI	NG AND ANALYZING	CLINIC	AL RISKS, AN	D SYSTEM	I THEREFC	DR		
	☐ All Fees								
l I	No	: Authority has been giv to charge/cre for following:	edit DEP	aper 'OSIT ACCOU	INT time	1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time)			
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